

ABSTRACT

A magnet to provide magnetic flux therapeutic pain-easing and healing effects built into a resilient grip or wrap for the handle of a hand held device. The therapeutic magnetic hand grip or wrap can be used on the handles of golf clubs, tennis racquets, baseball bats, bicycle handlebars, vehicle steering wheels, crutches, cane, and into bandages.

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS</b> <i>Application</i>  Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	09/757,855
	Filing Date	
	First Named Inventor	Rabellio
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number    
 Type Customer Number here

OR

☒ Firm or Individual Name Marcia Devon

Address 5285 Appian Way

Address P. O. Box 3781

City Long Beach State GA ZIP 90803

Country

Telephone (562) 495-4000 Fax (815) 364-5240

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name Marcia A. Devon

Signature *Marcia A. Devon*

Date October 30, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.